MARYLAND STATE DEPARTMENT OF HEALTH

07929

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD #2.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) RD #2

3. NAME OF DECEASED (Type or Print) (First) Lavinia (Middle) Ellen (Last) Alexander
4. DATE OF DEATH (Month) July (Day) 1 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 25 1902
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY Public School
11. BIRTHPLACE (State or foreign country) Laurel Del.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Caldwell James Morris
14. MOTHER'S MAIDEN NAME Edith May Oliphant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Edward Schultz (Sister) RD #3. Delmar Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture of Cervical Vertebra	sudden
816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) automobile accident	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) (COUNTY) (STATE) Salisbury, Wicomico, Md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 1, 1952 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Thrown from automobile (collision)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Claus F. Fischer M.D. (Degree or title) ADDRESS 300 N Division St, Salisbury Md DATE SIGNED 7/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Bur. Cem.
DATE THEREOF July 4-52
NAME OF CEMETERY OR CREMATORY Smith Mills Cem
LOCATION (City, town, or county) (State) R.D. Delmar Del.

DATE REC'D BY LOCAL REG. 7-3-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co Salisbury Md. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUL 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07930

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location) R F D #1

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) L. (Last) Applebaugh

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 9 - 1869
9. AGE last birthday: 83/4/4 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroad Man
10b. KIND OF BUSINESS OR INDUSTRY: Pennsylvania Railroad Co.
11. BIRTHPLACE (State or foreign country): Altoona Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Applebaugh
14. MOTHER'S MAIDEN NAME: Nancy Broombaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Annie L. Applebaugh, Snow Hill, Md. R.F.D. #1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of Colon — Interval Between Onset And Death: Unk.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. Myocarditis — Unk.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/1, 7/9/52
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30, 1952, to 7/13, 1952, that I last saw the deceased alive on 7/13, 1952, and that death occurred at 3:35 PM, from the causes and on the date stated above.

SIGNATURE: J. M. Nichols MD (Degree or title) Professional Bldg. ADDRESS: Salisbury, Md. DATE SIGNED: July 13 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 16/52
NAME OF CEMETERY OR CREMATORY: Whatcoat
LOCATION (City, town, or county) (State): Snow Hill, Md.

DATE REC'D BY LOCAL REGISTRAR: 7-16-52
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Clay Elmore, Snow Hill, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45 (T) (1) (M)

RECEIVED
JUL 18 1952
BUREAU V. S.

07931

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (RURAL) Salisbury Md — LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Nutters Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingston
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Isaac (Middle) (Last) Bailey
4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: A.A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1876
9. AGE last birthday: about 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Saw mill
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT AND ADDRESS: Norman Bailey, 128 David St. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Failure — 2 weeks

443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — unk

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1952, to July 3, 1952, that I last saw the deceased alive on June 30, 1952, and that death occurred at 9 30 p.m., from the causes and on the date stated above.

SIGNATURE: G. H. Sembly M.D. (Degree or title) — ADDRESS: Salisbury Md — DATE SIGNED: 7/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7-7-52 — NAME OF CEMETERY OR CREMATORY: Polk's Road Cemetery — LOCATION (City, town, or county): Polk's Road, Somerset Co. (State) Md.

DATE REC'D BY LOCAL REG.: 7-7-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Mary A. Stewart, 402 E. Church St. — ADDRESS: Salisbury, Md.

STEWART FUNERAL HOME

M

1

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07932

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Maryland
LENGTH OF STAY (in this place) 3½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 611 Washington Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) M. (Last) Bauman

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 22, 1864
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Keeper --
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Shippensburg, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Myers
14. MOTHER'S MAIDEN NAME: Martha Tarman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia	3 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-52, 19....., to 7-19-52, 19....., that I last saw the deceased alive on ~~4-1-52~~, 19....., and that death occurred at 10:40A m., from the causes and on the date stated above.

SIGNATURE 7-19-52 Robert Gore (DEGREE OR TITLE) MD ADDRESS Deerhead Hosp DATE SIGNED 7-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 24-52
NAME OF CEMETERY OR CREMATORY Wilco. Mem. Park
LOCATION (City, town, or county) Salisbury Md. (State)
DATE REC'D BY LOCAL REG. 7-24-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07934

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 109 Catherine Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Bell

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1952

5. SEX: male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4-10-1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months 2 Days 22 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Golf Course

11. BIRTHPLACE (State or foreign country): Georgetown, Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Bell

14. MOTHER'S MAIDEN NAME: Alice Lockwood

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Lydia Bell 109 Catherine St, Salisbury, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute pericarditis — Interval Between Onset And Death: unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1952 to July 2, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 9:30 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wilbur R. Ellis, Jr. MD Salisbury, Md. 7-2-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-6-52
NAME OF CEMETERY OR CREMATORY Green Acres Cemetery
LOCATION (City, town, or county) (State) Salisbury, Wicomico Co. Md.

DATE REC'D BY LOCAL REGISTRAR 7-5-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR ADDRESS
STEWART FUNERAL HOME 102 E. Church St.
Mary A. Stewart, Salisbury, Maryland.

VS. A15

RECEIVED
JUL 8 1952
BUREAU V. S.

Item 18 Film G145 8-5-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 325

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Railway St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
STREET ADDRESS (If rural, give location) Railway St

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) Holmes (Last) Bennett
4. DATE OF DEATH (Month) 7 (Day) 21 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH Dec 9 1878
9. AGE last birthday 73 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Major Bradley
14. MOTHER'S MAIDEN NAME Delahi Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr Cleophus Bennett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] Valvular Disease — 8 years

4-14 Antecedent cause(s) (b) Rheumatic Fever - Inactive — 3 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to July 21, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE H. S. Kuhlman (Degree or title) M.D. ADDRESS Sharptown DATE SIGNED MD 7/24

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/24/52
NAME OF CEMETERY OR CREMATORY Taylors
LOCATION (City, town, or county) Sharptown (State) MD

DATE REC'D BY LOCAL REG. July 24, 1952
REGISTRAR'S SIGNATURE Mary C. Owens
24. FUNERAL DIRECTOR Paul J. Smith, Sharptown, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury W.
LENGTH OF STAY (in this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 805 S, Sharp St.

3. NAME OF DECEASED: (Type or Print) (First) Luther (Middle) (Last) Clark

4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 52

5. SEX: M
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1/25/1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George Clark
14. MOTHER'S MAIDEN NAME: Emma Farley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral hemorrhage	1 day
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerosis general.	2. years
	DUE TO		
(0212)	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Latent syphilis. resid. hemiplegia 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1952, to 7-24, 1952, that I last saw the deceased alive on 7-24, 1952, and that death occurred at 2 55 a.m., from the causes and on the date stated above.

SIGNATURE J. V. Mahley (DEGREE OR TITLE) M.D. ADDRESS Deer's Head State Hospital DATE SIGNED 7/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 7/26/52
NAME OF CEMETERY OR CREMATORY Danville
LOCATION (City, town, or county) Virginia (State)
DATE REC'D BY LOCAL REG. 7-24-52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR I L Brown & Son 108 W Montgomery St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7936

CERTIFICATE OF DEATH

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (In this place) 3 months-11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 905 E. Fayette St.

3. NAME OF DECEASED: (First) Jeanette (Middle) (Last) Cleary
4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1952

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: 9-25-1901
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Nurse
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Herman
14. MOTHER'S MAIDEN NAME: Mary Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pneumonia, right lower lobe,
DUE TO
Antecedent cause(s) (b) Syphilis, cerebrospinal
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 12 days (b) ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcers, over months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31, 1952 to 7-12, 1952, that I last saw the deceased alive on 7-12, 1952, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Salisbury, Md. Deer's Head State Hosp. DATE SIGNED July 12 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 14-52
NAME OF CEMETERY OR CREMATORY Memorial Park
LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 7-14-52
REGISTRAR'S SIGNATURE Mary M. Holloway
24. FUNERAL DIRECTOR Holloway & Salisbury
ADDRESS Salisbury, Md.
Walter R. Holloway

RECEIVED
JUL 16 1952
BUREAU V. S.

S Smith

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) Beverly (Middle) Anne (Last) Collins

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 7-26-52

9. AGE Last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 13 Min. 34

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Navy

11 BIRTHPLACE. (State or foreign country): Hampstead Maryland

12. CITIZEN OF WHAT COUNTRY? yes USA

13. FATHER'S NAME: Fredereck Rossetter Collins Jr

14. MOTHER'S MAIDEN NAME: Clara Baker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) atelectasis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity

DUE TO

(c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1952, to July 26, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 3:10 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Stedman W. Smith M.D. P.M.

ADDRESS Salisbury Md

DATE SIGNED 7-28-52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-28-52 NAME OF CEMETERY OR CREMATORY Peninsula General Hospital LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-28-52 REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR ADDRESS Peninsula General Hospital Salisbury, Md

207217260

VS. A15

RECEIVED
JUL 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 532

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 107 Washington St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Connell
4. DATE OF DEATH: (Month) (Day) (Year) July 28 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7:15 pm July 28, 1952
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 5

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel May Connell
14. MOTHER'S MAIDEN NAME: Louise Cynthia Hedden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Daniel Connell, Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

7764

Immediate cause (a) Prematurity
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/28, 1952, to 7/28, 1952, that I last saw the deceased alive on 7/28, 1952, and that death occurred at 7:20 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Lee L. Lawry, M.D.
ADDRESS Fruitland Md
DATE SIGNED 7-28-52

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify)
DATE THEREOF 7/29/52
NAME OF CEMETERY OR CREMATORY Peninsula General Hospital
LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-30-52
REGISTRAR'S SIGNATURE Marjil Hrumay
24. FUNERAL DIRECTOR Peninsula General Hospital
ADDRESS Salisbury Md

21722222220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 39

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 107 Washington St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Connell

4. DATE OF DEATH: (Month) (Day) (Year) July 28 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 20 7 pm July 28, 1952
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min. 5

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel May Connell
14. MOTHER'S MAIDEN NAME: Louise Cynthia [illegible]

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: "Father" [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/28, 1952, to 7/2[illegible], 1952, that I last saw the deceased alive on 7/28, 1952 and that death occurred at 7 25 P, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] M.D. ADDRESS Lincoln, Md. DATE SIGNED 7-28-52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7/29/52 NAME OF CEMETERY OR CREMATORY Peninsula General Hospital LOCATION (City, town, or county) (State) Salisbury, Md

DATE REC'D BY LOCAL REGISTRAR 7-30-52 REGISTRAR'S SIGNATURE Marie [illegible] May
24. FUNERAL DIRECTOR Peninsula General Hospital ADDRESS Salisbury, Md.

2172222-20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 19[illegible]
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
STREET ADDRESS (If rural, give location) Rt 1

3. NAME OF DECEASED (Type or Print) (First) Isaac (Middle) Henry (Last) Conway
4. DATE OF DEATH (Month) 7 (Day) 12 (Year) 1952
5. SEX Male Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-28-80
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Levin Conway
14. MOTHER'S MAIDEN NAME Maria Gattis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Mary Conway, Tyaskin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Intestinal Obstructure	3 days.
153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Intestinal Carcinoma	unknown
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 June, 1952 to 12 July, 1952, that I last saw the deceased alive on 12 July, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE Richard H. Saunders MD (Degree or title) ADDRESS Nanticoke Md. DATE SIGNED 15 July 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-20-52
NAME OF CEMETERY OR CREMATORY Tyaskin Cemetery
LOCATION (City, town, or county) Tyaskin, Md. (State)
DATE REC'D BY LOCAL REG. 7-22-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR James B. Dashiell, ADDRESS Easton, Md.

RECEIVED
JUL 24 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 325

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; STREET ADDRESS (If rural, give location) 901 Second St.

3. NAME OF DECEASED (Type or Print): (First) JAMES; (Middle) M.; (Last) CUSTIS

4. DATE OF DEATH: (Month) (Day) (Year) July 31, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Sept 21 1867

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Luther Custis

14. MOTHER'S MAIDEN NAME: Ada Grinnels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Willis Howard, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset and Death: uncertain

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1952, to 7/31, 1952, that I last saw the deceased alive on 7/31, 1952, and that death occurred at 7/31 P m., from the causes and on the date stated above.

SIGNATURE: William R. Elliott, M.D. (Degree or title) — ADDRESS: Salisbury, Md. — DATE SIGNED: 8-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/3/52 — NAME OF CEMETERY OR CREMATORY: Nelson Cemetery — LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: 8-2-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Dennis & Watson — ADDRESS: Pocomoke, Md.

RECEIVED
AUG 5 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARTIN RESEIVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar; LENGTH OF STAY (In this place) 69 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS R7 # 31

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar; STREET ADDRESS (If rural, give location) R7 # 3

3. NAME OF DECEASED (Type or Print): (First) LAWRENCE (Middle) (Last) DENNIS

4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-1-1883

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Pittsville - Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levin Dennis

14. MOTHER'S MAIDEN NAME: Martha M Parsons.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Hattie Dennis - Delmar, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — Interval between onset and death: 5 years

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 19.51., to July 23 19.52, that I last saw the deceased alive on July 21, 19.52 and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. L. Sokler M.D. ADDRESS 303 East Street, Delmar, Md. DATE SIGNED 7-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 7-26-52; NAME OF CEMETERY OR CREMATORY: Pine; LOCATION (City, town, or county) (State): Delmar, Del

DATE REC'D BY LOCAL REG.: July 26 1952; REGISTRAR'S SIGNATURE: Harry E Hudson Sr.; 24. FUNERAL DIRECTOR / ADDRESS: W. S. Hyland - Delmar, Del

Dr. Greene

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
RURAL LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 608 Brown st.

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Florence (Last) Dincoe
4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 18 - 1907
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home wife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): R.D. Parsonsburg
12. CITIZEN OF WHAT COUNTRY? Md. USA

13. FATHER'S NAME: Quinton Dincoe
14. MOTHER'S MAIDEN NAME: Lucy Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, if unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. George W. Dincoe

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Cerebral Hemorrhage 608 Brown st. Salisbury Md.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension & Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death 72 hrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/18, 1952 to 7-26, 1952 that I last saw the deceased alive on 7/26, 1952 and that death occurred at 4.43 P.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred R. Greene M.D. ADDRESS Salisbury Md. DATE SIGNED 7/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremat. DATE THEREOF July 29-52 NAME OF CEMETERY OR CREMATORY Parsons Cem. LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7-31-52 REGISTRAR'S SIGNATURE Mary Holloway Jr.

24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter R. Holloway

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
LENGTH OF STAY (In this place) 7yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) H. (Last) DRYDEN
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7/23/1916
9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plane operator at a saw mill
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Eden, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Sidney Dryden
14. MOTHER'S MAIDEN NAME: Bertha Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-09-6132
17. INFORMANT AND ADDRESS: Mrs. Marie P. Dryden - Wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound of head — Interval between onset and death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

976X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN) Pittsville (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 7 19 52 7 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? shot himself thru head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: J. H. Rodeweber (Degree or title) Deputy Medical Exam. ADDRESS 502 N. Division St. Salisbury, Md. DATE SIGNED 7/11/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF: July 23 52
NAME OF CEMETERY OR CREMATORY: Pine Hill Cemetery
LOCATION (City, town, or county): Pittsville (State) Md

DATE REC'D BY LOCAL REG. 7-24-52
REGISTRAR'S SIGNATURE: Mary M. Holloway
24. FUNERAL DIRECTOR: Wm. E. Glennon, Sons
ADDRESS: Salisbury, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 28
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07345

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland. COUNTY Worcester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke. Md.

STREET ADDRESS (If rural give location): 408 Linden Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
James		Dutton	July	16	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
male	wh.	single	Apr. 12, 1892	60 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Worked in Stone	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Nora Dutton	Florence Porter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	—	Rev. Dutton 408 Linden Ave-Pocomoke

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
322.1 Immediate cause	(a)	Pellagra	unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Malnutrition, Avitaminosis	"
	DUE TO (c)	Chronic alcoholism	"

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1952, to July 16 1952, that I last saw the deceased alive on July 16 1952, and that death occurred at 8:09 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William R. Ellis, Jr. MD	Salisbury, Md	July 17-1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-20-52	Hill-Hill	Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-19-52	Mary W. Holloway	Edgar Wharton - Now Pocomoke Va.	

VS. A15

RECEIVED
JUL 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY ~~Eastern~~, Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury NW
LENGTH OF STAY (in this place) 1 yr 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cooksville
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) A. (Last) Earle
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Earle
14. MOTHER'S MAIDEN NAME: Rachel Earle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Massive Cerebral Hemorrhage	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral arteriosclerosis	?
	DUE TO (c) Arteriosclerosis General	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis ?

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-18, 1951, to 7-21, 1952 that I last saw the deceased alive on 7-21, 1952, and that death occurred at 6:20 A.m., from the causes and on the date stated above.
SIGNATURE Robert J Gore (DEGREE OR TITLE) MD ADDRESS Deerhead Hosp DATE SIGNED 6-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 7/24/52 NAME OF CEMETERY OR CREMATORY Bivalve Cemetery LOCATION (City, town, or county) (State) Bivalve, Md.
DATE REC'D BY LOCAL REG. 7-22-52 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR C. G. Messick, Bivalve, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 18-51

RECEIVED
JUL 24
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Salisbury
LENGTH OF STAY (in this place): 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marriottsville
STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Minnie Lee Easton	July 23 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Dec. 31, 1877	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	--	Howard County, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Musgrove	Minnie Lee Musgrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk.	--	--	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis. Gen. and cerebral	sever. years.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus; Hemiplegia — 10y; 7y.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24/52, to 7/23/52, that I last saw the deceased alive on 7/23/52, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
L. L. McAfee, M.D. Ass't Med. Supt. Deer's Head State Hospital 7/25/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 26, 1952	Mt. Carmel Cemetery	Montgomery Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-24-52	Mary W. Holloway	Easton Sons	Ellicott City, Md

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 28 1952
BUREAU V. S.

7948

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
LENGTH OF STAY (in this place) 1 yr. 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deerhead.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance.
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Tressie (Middle) J. (Last) Ennis.

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Oct 5 1881

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Ennis

14. MOTHER'S MAIDEN NAME: Mary Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage.	4 hrs.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive C-V-D	?
	DUE TO (c)	Arteriosclerosis.	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Previous hemiplegia right side. 9 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8, 1951, to 7-21, 1952, that I last saw the deceased alive on 7-21, 1952, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE Robert Gore (DEGREE OR TITLE) MD ADDRESS Deerhead Hosp. DATE SIGNED 7-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 7/23/1952 NAME OF CEMETERY OR CREMATORY Chance M.E. LOCATION (City, town, or county) Chance Md (State)

DATE REC'D BY LOCAL REG. 7-22-52 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR L. G. Webster ADDRESS Deal Island, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115 8-51

1

RECEIVED
JUL 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Maryland
LENGTH OF STAY (in this place) 1 yr. 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruthsburg
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) - (Last) Ermin

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unk.

8. DATE OF BIRTH: Feb. 20, 1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country) Hungary

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis general and cerebral — Interval Between Onset and Death: Sever. years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Right hemiplegia — 2 days.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25 19 52 to July 22, 19 52 that I last saw the deceased alive on July 22, 19 52 and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. V. Mulder, M.D. ADDRESS Deer's Head State Hospital DATE SIGNED 7/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July 24-52 — NAME OF CEMETERY OR CREMATORY McInnis Mem. Park — LOCATION (City, town, or county) Salisbury — (State) Md.

DATE REC'D BY LOCAL REG. 7-24-52 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. Walter R. Holloway — ADDRESS

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07951

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY in this place: 1 mo 3 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown Rural #1 — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) E. (Last) Evans

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 3 - 1871

9. AGE last birthday: 80/11/13 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Sharptown Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Evans

14. MOTHER'S MAIDEN NAME: Sarah M. Bratten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Mary E Richardson Sharptown Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio vascular renal Lesion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 4427

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to July 16, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 2:00 m., from the causes and on the date stated above.

SIGNATURE Phil E Lusk (Degree or title) MD — ADDRESS Salisbury Md — DATE SIGNED 7-18-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 1952 — NAME OF CEMETERY OR CREMATORY Wharton Methodist — LOCATION (City, town, or county) Sharptown — (State) Md

DATE REC'D BY LOCAL REG. 7-18-52 — REGISTRAR'S SIGNATURE Maryle Holloway — 24. FUNERAL DIRECTOR Cecil E Dennis — ADDRESS Sharptown, Md

RECEIVED
JUL 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 1 yr 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): 309 Main St.

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) Thomas (Last) Evans

4. DATE OF DEATH: (Month) (Day) (Year) July 23rd 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: 1/31/1867

9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: S. P. Fitchett

14. MOTHER'S MAIDEN NAME: Anne Bunting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk.
(If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Hospital record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

301X

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerosis general — 10 years(?)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Malunited intertrochanteric fracture 4 years(?)

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: Rt. femur.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1952 to July 23, 1952, that I last saw the deceased alive on July 23, 1952, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) M.D. ADDRESS Deer's Head State Hospital DATE SIGNED 7/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 25, 1952

NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

LOCATION (City, town, or county) (State): Onancock, Va.

DATE REC'D BY LOCAL REG. 7-24-52

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors - Onancock, Va.

RECEIVED
JUL 29 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
LENGTH OF STAY (in this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridge St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn COUNTY Unknown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) (First) Ruby (Middle) Levenia (Last) Evans
4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Mar 28 1896
9. AGE last birthday 56 yrs. If under 1 year Months — Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME George Travers
14. MOTHER'S MAIDEN NAME Lottie Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Essie Tawes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Uterus — Interval Between Onset and Death 18 m (?)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16, 1952, to 7/2, 1952, that I last saw the deceased alive on 7/2, 1952, and that death occurred at 2 9 m., from the causes and on the date stated above.

SIGNATURE H. S. Kuhlman (Degree or title) M.D. ADDRESS Sharptown Md DATE SIGNED 7/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/6/52
NAME OF CEMETERY OR CREMATORY Mardela
LOCATION (City, town, or county) Mardela Springs (State) Md

DATE REC'D BY LOCAL REG. 7-6-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Paul J. Smith, Sharptown, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the [illegible] of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural, give location) 519 Mulberry Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) - (Last) Fay

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 19 52

5. SEX: Female Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Unk.
8. DATE OF BIRTH: Feb. 19, 1862
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Fury
14. MOTHER'S MAIDEN NAME: Mary Humphries

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pneumonia, right lower lobe — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO

Antecedent cause(s) (b) Arteriosclerotic CVD — sever. years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Arteriosclerosis cerebral.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -
(CITY OR TOWN) - (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) - M.
INJURY OCCURRED While at work ☐ Not while at work ☐ -
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 4/1, 1952, to 7/21, 1952, that I last saw the deceased alive on 7/21/1, 1952, and that death occurred at 1:00 P.M. m., from the causes and on the date stated above

SIGNATURE J. V. Healdon (DEGREE OR TITLE) M. D. ADDRESS Deer's Head State Hospital Salisbury Md. DATE SIGNED 7/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 23-1952
NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery
LOCATION (City, town, or county) Old Frederick Rd. (State) Balto 29-Md

DATE REC'D BY LOCAL REG. 7-22-52
REGISTRAR'S SIGNATURE A. W. Hedrick Jmf.
24. FUNERAL DIRECTOR Joseph Farace Inc. ADDRESS 2013 Greenmount Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 322

1. PLACE OF DEATH: COUNTY WICOMICO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~William~~ Pen. Gen

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WICOMICO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY
STREET ADDRESS (If rural, give location) 1200 Lake St

3. NAME OF DECEASED (Type or Print) (First) ~~JOSEPH~~ (Middle) William W. (Last) FLETCHER

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1952

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 3/8/23

9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spiller - Dry Cleaner

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Salisbury Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME Blanch Fletcher.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W War II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Maggie Fletcher.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull and brain injury

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Marylan

TIME OF INJURY (Month) 7 (Day) 5 (Year) 52 (Hour) 1:30 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Evidently fell asleep at wheel and ran into ditch

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Rashemaker MD (Degree or title) Deputy Med. Examiner; ADDRESS 502 N. Division St. Salisbury Maryland DATE SIGNED 7/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 7-19-52 NAME OF CEMETERY OR CREMATORY Green Acres LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 7-9-52 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Booker M Leech ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 11 19
BUREAU V. S.

Item 21 Film G145 8-5-52 ams

2055

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Pb. Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — STREET ADDRESS (If rural, give location) 116 Walnut St.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) Foster

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 19 52

5. SEX: female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH: June 6 1863 — 9. AGE: Last birthday 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: At Home — 11. BIRTHPLACE (State or foreign country): Wicomico Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Cathan Kelley — 14. MOTHER'S MAIDEN NAME: Mary Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — — — 17. INFORMANT AND ADDRESS: Mrs H. M. Foster (dau) 116 Walnut St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic pneumonia — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured left hip (intertrochanteric) — 41 days

(c)

7010

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral arteriosclerosis

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home — (CITY OR TOWN) Salisbury — (COUNTY) Wicomico — (STATE) Maryland

TIME OF INJURY (Month) 6 (Day) 14 (Year) 52 (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Fell.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

For Coroner — Deputy Medical Examiner; Salisbury, Maryland. 502 N. Division St. 7/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/28/52 — NAME OF CEMETERY OR CREMATORY Parsons Cem. — LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REGISTRAR REG. 7-28 — REGISTRAR'S SIGNATURE Miss Virginia Fourney

24. FUNERAL DIRECTOR H. L. Gordy Jr. Salisbury Md. — ADDRESS Walter W. Holloway

JUL 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 201 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md.
LENGTH OF STAY (in this place) 1 yr. 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton, RFD
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) - (Last) Ford

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 19 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 19, 1869

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Kent County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Ford

14. MOTHER'S MAIDEN NAME: Mary Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown
(If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 48 h

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerosis, general — 10 y (?)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Benign prostatic hypertrophy — 7 y (?)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from Jan 25, 19 52, to July 16, 19 52, that I last saw the deceased alive on July 16, 19 52, and that death occurred at 8:05 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) L. W. McClure M. D. ADDRESS Deer's Head State Hospital DATE SIGNED 7/16/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): BURIAL
DATE THEREOF July 19, 1952
NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
LOCATION (City, town, or county) Still Pond (State) Md.

DATE REC'D BY LOCAL REG. 7/17/52
REGISTRAR'S SIGNATURE E. Leonard Jones
7-22-52 Mary W. Holloway

24. FUNERAL DIRECTOR B. R. Fellows ADDRESS Still Pond, Md.

RECEIVED
JUL 24
BUREAU V. S.

Dr. H. Mattox

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) George (First) Ross (Last) Gibson

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 10-1887-
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Not retired): Supply Minister
10b. KIND OF BUSINESS OR INDUSTRY: Methodist Church
11. BIRTHPLACE (State or foreign country): Mt Vernon Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Gibson
14. MOTHER'S MAIDEN NAME: Elizabeth Horner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Hold Was #1.
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Tressa M. Gibson (Wife) RD#1. Salisbury Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Generalized lymphosarcomatosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to July 11, 1952, that I last saw the deceased alive on July 10 1952 and that death occurred at 5:05 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Hon Mattox, M.D.
ADDRESS Salisbury Md.
DATE SIGNED 7/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 13. 1952
NAME OF CEMETERY OR CREMATORY Asbury Cem.
LOCATION (City, town, or county) Mt. Vernon Md.
DATE REC'D BY LOCAL REGISTRAR 7-12-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md.
ADDRESS Walter R. Holloway

RECEIVED
JUL 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 110 Olive Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 110 Olive Street

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Anna (Last) Baldwin
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 52
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 12-1890
9. AGE last birthday: -61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Wollaston Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Watson
14. MOTHER'S MAIDEN NAME: Mary Simpkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: [illegible] Baldwin, 110 Olive St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary thrombosis — [illegible] death

4261 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chronic cardiovascular [illegible] — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE: [illegible] Rademaker MD (Degree or title) — ADDRESS: Salisbury Md. — DATE SIGNED: 7/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible] — DATE THEREOF: [illegible] 52 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county): Salisbury Md. (State)

DATE REC'D BY LOCAL REG.: 7-24-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible] Md.

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 29
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: P.H. Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location): Anticoh Ave

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Oscar (Last) Gordy

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 20, 1882

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months | Days | Hours | Min.
IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired carpenter

10b. KIND OF BUSINESS OR INDUSTRY: carpentry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Gordy

14. MOTHER'S MAIDEN NAME: Laura Ellen Godfrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 216-16-7676A

17. INFORMANT & ADDRESS: Mrs Stella D. Gordy Princess Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Thrombosis	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Generalized Arteriosclerosis	unknown
	DUE TO (c)		

3328

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12 P.M., from the causes and on the date stated above.

SIGNATURE: Wilbur R. Ellis M.D. (DEGREE OR TITLE) ADDRESS: Salisbury, Md DATE SIGNED: 7-5-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 6, 1952 — NAME OF CEMETERY OR CREMATORY: St. Andrew Cemetery — LOCATION (City, town, or county) (State): Princess Anne, Md

DATE REC'D BY LOCAL REG.: 7-5-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Elmer R. Wilson, Princess Anne, Md

RECEIVED
JUL 8 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33-2

Peninsula General Hosp.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Salisbury, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield Md
STREET ADDRESS (If rural, give location) Route #1.

3. NAME OF DECEASED: (Type or Print) (First) Hughes (Middle) Charles (Last) Green.

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct 1-1876.

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Fishing

11. BIRTHPLACE (State or foreign country): Somerset Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Jefferson Green.

14. MOTHER'S MAIDEN NAME: Virginia Carver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John Green - Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

15 1/2

Immediate cause (a) Pulmonary embolism right middle lobe — Interval between onset and death: 6 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

~~DUE TO~~ (b) Old cerebral hemorrhage & resid. le hemiplegia — 4 years

~~DUE TO~~ (c) Carcinoma of Stomach operated — 12 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Prostatis chronic. — Sever. year

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1952 to July 22, 1952, that I last saw the deceased alive on July 22, 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Peninsula State Hospital DATE SIGNED 7/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 24, 1952 — NAME OF CEMETERY OR CREMATORY Sunnyside Cemetery — LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REG. 7-24-52 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors — ADDRESS Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-ATD 8-51

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) [illegible] (Last) GREEN
4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1952
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept. 4 1878
9. AGE last birthday: 73 yrs. — If under 1 year: Months 10 — Days 26 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Tonger
10b. KIND OF BUSINESS OR INDUSTRY: Oysters
11. BIRTHPLACE (State or foreign country): Dorchester, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Julius [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mary A. [illegible], Ocean City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Hemorrhage.	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis	unknown
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Nov, 1951, to 27 July, 1952, that I last saw the deceased alive on 27 July 1952 and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Richard H. Saunders M.D. — Hartsville Md. — 1 Aug 52.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | 8/3/52 | [illegible] | [illegible]

DATE REC'D BY LOCAL REG. 8 2 52 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR & ADDRESS C. T. [illegible], Berlin, Md.

RECEIVED
AUG 5 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury
LENGTH OF STAY (in this place): 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore, Md.
STREET ADDRESS (If rural, give location): Baltimore City Hospital

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Gurzski

4. DATE OF DEATH: (Month) July (Day) 31, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH: ~~Unknown~~ 1854

9. AGE last birthday: 98 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: --

14. MOTHER'S MAIDEN NAME: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

422

Immediate cause (a) Arteriosclerotic cardiovascular disease — 2 mos.

DUE TO

Antecedent cause(s) (b) Arteriosclerosis, General — 2

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema — 2

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31, 1952 to 7-31, 1952 that I last saw the deceased alive on 7-31, 1952, and that death occurred at 1:50 P.m., from the causes and on the date stated above.

SIGNATURE: Robert J Gore — (DEGREE OR TITLE) M.D. — ADDRESS: Deerhead Hosp. — DATE SIGNED: 7-31-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 5-52 — NAME OF CEMETERY OR CREMATORY: Wico. Mem. Park — LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REG.: 8-2-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Co. Salisbury Md. — ADDRESS: Walter R. Holloway

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1952
BUREAU

Items 13,14 Filmed 8/4/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location) R7D #3

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) (Last) Hargis

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH:

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Somerset County

12. CITIZEN OF WHAT COUNTRY? ~~Somerset~~ U.S.A.

13. FATHER'S NAME: Noah Hargis

14. MOTHER'S MAIDEN NAME: Fannie Dutton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ..... Cerebral Thrombosis — Interval Between Onset And Death: unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .. Generalized arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 1952 to 7-26, 1952 that I last saw the deceased alive on 7-26, 1952 and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard R. Ellis, Jr. MD — ADDRESS: Salisbury, Md. — DATE SIGNED: 7-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-28-52 — NAME OF CEMETERY OR CREMATORY: St Mary's — LOCATION (City, town or county) (State): West Post Office Road

DATE REC'D BY LOCAL REGISTRAR: 7-28-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: William H. James Jr. Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUL 30 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York
STREET ADDRESS (If rural give location) 1295 Madison Ave

3. NAME OF DECEASED: (Type or Print) (First) Sophie (Middle) (Last) Higgins

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Oct. 15-1885
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Private Family
11. BIRTHPLACE (State or foreign country): Burlington Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Lane
14. MOTHER'S MAIDEN NAME: Minnie Hoeller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Lorraine Higgins [illegible] 1295 Madison Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: unknown

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral arteriosclerosis — unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20, 1952, to 7-23, 1952, that I last saw the deceased alive on 7-23, 1952, and that death occurred at 7:12 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur R. Ellis, J. M.D. ADDRESS Salisbury, Md. DATE SIGNED 7-23-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF July 24-52 NAME OF CEMETERY OR CREMATORY Removal to Walter B. Cooke Funeral Home 117 West 72 st. New York N.Y. LOCATION (City, town, or county) New York City, N.Y. (State)

DATE REC'D BY LOCAL REGISTRAR 7-24-52 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS Holloway & Co. Salisbury Md. Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1952
BUREAU V. S.

Baker

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]65

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 29 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Smith Street

3. NAME OF DECEASED: (Type or Print) (First) INFANT (Middle) (Last) Hill

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify): Single

8. DATE OF BIRTH: July 31 1952

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 29

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stanley Richard Hill

14. MOTHER'S MAIDEN NAME: Elizabeth Ann White

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Stanley Richard Hill - Salisbury Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5 Immediate cause (a) Sub arachnoid hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cervical dystocia DUE TO (c) Premature 36 wks

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31 ,1952, to 7/31 ,1952, that I last saw the deceased alive on 7/31 ,1952, and that death occurred at 7:55 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert L Baker. MD ADDRESS Salisbury Md DATE SIGNED 8-2

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 1, 1952 NAME OF CEMETERY OR CREMATORY Parsons Cemetery LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-2-52 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS The Hill & Johnson Co. Salisbury George C. Hill II

72232241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Salem — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grove St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salem
STREET ADDRESS (If rural, give location) Grove St.

3. NAME OF DECEASED: (Type or Print) (First) Charlie (Middle) Ross (Last) Howard

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: July 28-

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: (Bldg)

11. BIRTHPLACE (State or foreign country): Marcella Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Juan H. Howard

14. MOTHER'S MAIDEN NAME: Mary H. Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Mrs. Thelma H Adkins (Daughter) Salem Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7th 1952 to July 12th 1952, that I last saw the deceased alive on July 12th, 1952 and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE William Emrich (DEGREE OR TITLE) MD ADDRESS Helen Md. DATE SIGNED July 15-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 15-52 — NAME OF CEMETERY OR CREMATORY Princeton Church Cem. — LOCATION (City, town, or county) Princeton Md. (State)

DATE REC'D BY LOCAL REG. 7-15-52 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Co. — ADDRESS Salisbury Md. Walter R Holloway

RECEIVED
JUL 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

17967

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron; LENGTH OF STAY (in this place) 66 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hebron

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LULU	LANGSDALE	HOLLAND	July	20	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	March 10, 1863	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Lansdale	Anna Maria Brattan

15. W[illegible] EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. George C. Bounds, Hebron, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Myocarditis

422.2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 1st, 1952, to July 20th, 1952, that I last saw the deceased alive on July 20th, 1952 and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William Emrich M.D.	Hebron - Md.	June 21st 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/24/52	Quantico Cemetery	Quantico, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-22-52	Mary W. Holloway	The Hill & Johnson Co. Salisbury, Md.	

George C. Hill II

RECEIVED
JUL 24
BUREAU V. S.

Dr Cramse

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 mo, 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Tilmar Rd.

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) (Last) Howke
4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown
8. DATE OF BIRTH: 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknow
14. MOTHER'S MAIDEN NAME: Unknow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 L

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 6 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19 , to , 19 ....., that I last saw the deceased alive on 7/22/52, 19 .., and that death occurred at 5:55 PM, from the causes and on the date stated above.

SIGNATURE Fred R. Cramse (Degree or title) M.D. ADDRESS Sa. Pine St Salisbury Md. DATE SIGNED 7/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/24/52 NAME OF CEMETERY OR CREMATORY Parsons Cemetery LOCATION (City, town, or county) Salisbury, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 7-24-52 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. George C. Hill II ADDRESS Salisbury

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15-4

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 904 George St.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Ann (Last) Kaempf

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 19 52

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: July 10-1952 | 9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min. 13 hr.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): U.S. Hospt. Salisbury Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lloyd Warren Kaempf | 14. MOTHER'S MAIDEN NAME: Margaret Doris Bloom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: [illegible] | 17. INFORMANT'S ADDRESS: Lloyd Warren Kaempf (Father) 909 George St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity; Respiratory failure — Interval Between Onset And Death 12 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) (Maternal) Premature Sep. Placenta.

DUE TO (c)

7/6/52

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/ 10/ , 1952, to 7/ 11 , 1952, that I last saw the deceased alive on 7/ 11/ , 1952, and that death occurred at 12:45 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Lee Baker MD | ADDRESS Salisbury Md | DATE SIGNED 7/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 12 52 | NAME OF CEMETERY OR CREMATORY Mus. Mem. Park | LOCATION (City, town, or county) Salisbury | (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-12-52 | REGISTRAR'S SIGNATURE Maryd. Holloway

24. FUNERAL DIRECTOR Peters & Smith | ADDRESS Salisbury Md.

Peter V. Polkowsky

207226320 0

RECEIVED
JUL 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 522

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 1 wk.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Pri. San.	STREET ADDRESS (If rural, give location) R.D.#2

3. NAME OF DECEASED (Type or Print)	(First) HERBERT	(Middle) CORNELIUS	(Last) KETCHAM	4. DATE OF DEATH	(Month) July	(Day) 21	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 3, 1871	9. AGE last birthday 81 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Rep.	10b. KIND OF BUSINESS OR INDUSTRY John Deere & Co.	11. BIRTHPLACE (State or foreign country) New York State	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Cornelius Ketcham	14. MOTHER'S MAIDEN NAME Sarah Ross						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) ---	16. SOCIAL SECURITY No. 225-18-7980	17. INFORMANT AND ADDRESS John C. Ketcham Jr., Salisbury					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure (arteriosclerotic)

177X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma prostate

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25, 1949, to 7-21, 1952, that I last saw the deceased alive on 7-21, 1952 and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE Philip A. Lusby M.D. (Degree or title) ADDRESS Salisbury Md. DATE SIGNED 7-22-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7/25/52	NAME OF CEMETERY OR CREMATORY Chestnut Ridge	LOCATION (City, town, or county) (State) Lockport, New York
DATE REC'D BY LOCAL REG. 7-22-52	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR The Hill & Johnson Co. Salisbury, Md.	ADDRESS George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury, Maryland

LENGTH OF STAY (in this place) 2 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.

STREET ADDRESS (If rural, give location) 5609 Lothian Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Rose	Becker	Kolb	July	22	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	Nov. 14, 1879	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Becker

14. MOTHER'S MAIDEN NAME: Anastasia Kerrigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
178 X Immediate cause	(a) Septicemia	3 weeks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Multiple infected decubitus ulcers 2nd and 3rd degree.	Several months
	DUE TO (c) Ca of rt. breast, operated.	5 years
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis gener. a. cerebral	5 y. (?)

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/8/52, to 7/22/52, that I last saw the deceased alive on 7/22/52, and that death occurred at 4:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] M.D. Deer's Head State Hospital 7/22/52

23. BURIAL, CREMATION REMOVAL (Specify): — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 7-24-52 REGISTRAR'S SIGNATURE G. A. Frederick

24. FUNERAL DIRECTOR Wm. Cook ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury, Md. — LENGTH OF STAY (in this place): 7½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Colmar Manor
STREET ADDRESS (If rural, give location): 4200 Newton Street

3. NAME OF DECEASED: (Type or Print) (First) Amelia (Middle) Theresa (Last) Long
4. DATE OF DEATH: (Month) July (Day) 2nd (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-16-1897
9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Dust Home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Bohnert
14. MOTHER'S MAIDEN NAME: Theresa Lemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Frank W. Long, 4200 Newton St., Colmar Manor Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

4 UX

Immediate cause (a) Bronchopneumonia rt. — 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ~~DUE TO~~

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Encephalitic Parkinsonism 20 years!

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1952, to July 2, 1952, that I last saw the deceased alive on July 2, 1952 and that death occurred at 9 29 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
L. V. Waldre, M.D. Deer's Head State Hosp. — 7/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 5, 1952 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem — LOCATION (City, town, or county): Wash — (State): D.C.

DATE REC'D BY LOCAL REG.: 7-3-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: The Hill & Johnson Co — ADDRESS: Salisbury
George C Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bishopville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Loughery

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 1871

9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Cabinet maker.

10b. KIND OF BUSINESS OR INDUSTRY: own business

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James G Loughery

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Elizabeth Goodmon Pocomoke Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 2 days

Immediate cause (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) renal arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24 ....1952., to 7-29 ., 1952, that I last saw the deceased alive on 7-29 ...., 1952, and that death occurred at 7 40 am., from the causes and on the date stated above.

SIGNATURE Frederick M. Freeman (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED 7-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-31-52 NAME OF CEMETERY OR CREMATORY Odd F. LOCATION (City, town, or county) Bishopville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-29-52 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Peter Wesley Selbyville Del. ADDRESS

VS/A15

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VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location) P.O. Box 175

3. NAME OF DECEASED: (Type or Print) (First) Josiah (Middle) Varden (Last) McGrath
4. DATE OF DEATH: (Month) (Day) (Year) July 24-52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 23-1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Auto Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (State or foreign country): Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Hooper McGrath
14. MOTHER'S MAIDEN NAME: Annie Pusey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Mary McGrath (Wife) Fruitland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intestinal obstruction
DUE TO
153X
Antecedent cause(s) (b) Carcinoma Colon
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 9, 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma colon.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1952, to July 23, 1952, that I last saw the deceased alive on July 23, 1952, and that death occurred at 12:30 a.m. from the causes and on the date stated above.

SIGNATURE Philip A. Tuck (DEGREE OR TITLE) Md ADDRESS Salisbury Md DATE SIGNED 7-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 27-52
NAME OF CEMETERY OR CREMATORY Fruitland Cem.
LOCATION (City, town, or county) Fruitland Md (State)

DATE REC'D BY LOCAL REG. 7-26-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Salisbury
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Allie (Middle) D (Last) MESSICK
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH April 26, 1876
9. AGE last birthday 77 yrs. — If under 1 year: Months 2 Days 28 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Clara, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James Denson
14. MOTHER'S MAIDEN NAME [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS James Messick, Hurlock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Secondary Metastases in Brain.

154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the Rectum.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1949, to July, 1952 that I last saw the deceased alive on July 23, 1952, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE Carrie J. Hearn (Degree or title) MD — ADDRESS 203 W Church [illegible] — DATE SIGNED 7/25/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 24 1952 — NAME OF CEMETERY OR CREMATORY [illegible] — LOCATION (City, town, or county) [illegible] (State) Md.
DATE REC'D BY LOCAL REG. 7-2[illegible] — REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR C. G. Messick — ADDRESS [illegible], Md.

Dooley

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar

STREET ADDRESS (If rural give location) Park Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mary	Hester	Moore	July	30	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Aug 24 1877	75 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Delaware	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert W. Moore	Clarissa Rogers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO:	17. INFORMANT & ADDRESS:
no		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

1747

Immediate cause (a) Carcinoma Uteri

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-28-52	Carcinoma Uteri	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-22-1952 to 7-30, 1952, that I last saw the deceased alive on 7-30, 1952 and that death occurred at 5:55 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ruby A. Fiddler M.D.	Salisbury Md	7-31-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or county) (State)
Burial	8/2/52	Carey Cem.	Millsboro Sussex Del

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-3-52	Mary Holloway	H.S. Morris & Co	Delmar, Del.

VS/A15

8-4-52

AUG 4 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural, give location) 306 Chesapeake Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) M (Last) Moyer

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Dec. 15, 1860
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Cook
14. MOTHER'S MAIDEN NAME: Mary E. Bright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
331 X Immediate cause	(a)	Cerebral hemorrhage	2 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerosis general.	sever. years
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease sev. years

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22/ 19 52, to 4/23/ 19 52, that I last saw the deceased alive on 4/23/52 19..... and that death occurred at 7 35 P.m., from the causes and on the date stated above.

SIGNATURE J. V. Meldon (DEGREE OR TITLE) ADDRESS C. D. Deer's Head State Hospital DATE SIGNED 7/25/52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF [illegible] NAME OF CEMETERY OR CREMATORY [illegible]ood Cemeter LOCATION (City, town, or county) [illegible], (State) Maryland

DATE REC'D BY LOCAL REG. 7-25-52 REGISTRAR'S SIGNATURE A. W. Hechick Jr. **24. FUNERAL DIRECTOR** Wm. Cook, Inc., ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 78

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jesterville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) S (Last) Palmer

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 27, 1910
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months 11 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Trucking Co.
11. BIRTHPLACE (State or foreign country): Monsey, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Palmer
14. MOTHER'S MAIDEN NAME: Annie Mancee

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Alice Palmer – Jesterville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death 3-4 mo.

1638 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of lung with

DUE TO (c) Cerebellar metastasis — 6-8 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1952, to July 6, 1952, that I last saw the deceased alive on 7.6, 1952, and that death occurred at 12:45 p.m. from the causes and on the date stated above.

SIGNATURE H. A. Briell (Degree or title) M.D. ADDRESS 504 N. Division St. DATE SIGNED 7.6.52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/9/52
NAME OF CEMETERY OR CREMATORY Turners Cemetery
LOCATION (City, town, or county) Nanticoke, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7-9-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR C. D. Messick, ADDRESS Bivalve, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 11 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md. Nre
LENGTH OF STAY (in this place) 1 yr. 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) 250 Bethel Court

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Wesley (Last) Pinder
4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Aug. 21, 1884
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Cambridge, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Mariah Pinder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis general — sev. years.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — sev. years.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 27, 1952, to July 22, 1952, that I last saw the deceased alive on July 22, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
L. V. Waldre, M.J. Deer's Head State Hosp. 7/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7/26/52
NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemt.
LOCATION (City, town, or county) Cedar Hill (State) Md.
DATE REC'D BY LOCAL REG. 7-25-52
REGISTRAR'S SIGNATURE A. U. Hedrick
24. FUNERAL DIRECTOR A. Halstead - 918 Druid Hill Ave.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) Church street

3. NAME OF DECEASED (Type or Print) Mabel (First) Katie (Middle) — (Last) Powell

4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 1952

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 14-1880
9. AGE last birthday 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Adam Hinzerling
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION Hebron Md.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	arteriosclerotic Cardio Vascular Disease	2 years
904.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Fractured Left Hip	13 days
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-26-52
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Hebron (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) 6 (Day) 24 (Year) 52 (Hour) 7:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Slipped and fell at home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Rademacher (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 7-7-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF July 10 52 NAME OF CEMETERY OR CREMATORY Parsons Cem. LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 7-9-52 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALBA

RECEIVED
JUL 11 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) L (Last) PRICE

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 25, 1885

9. AGE last birthday: 66 yrs.

If under 1 year: Months 7; Days 14

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Quantico, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Gates

14. MOTHER'S MAIDEN NAME: Eliza Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): No

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Emory Price, Quantico, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Esophagus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952 to July 9, 1952 that I last saw the deceased alive on July 9, 1952 and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE: F Powell, (Degree or title) M.D. ADDRESS 850 W. Main St Salisbury, Md DATE SIGNED July 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 7/13/52; NAME OF CEMETERY OR CREMATORY Head of Creek; LOCATION (City, town, or county) Quantico (State) Md.

DATE REC'D BY LOCAL REG. 7-12-52; REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR C. D. Morris, ADDRESS Quantico, Md.

RECEIVED
JUL 15 1952
BUREAU OF

Dr. H. Matta

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P. G. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 116 Truitt St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Franklin (Last) Purcell
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 18-77
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Worked at
10b. KIND OF BUSINESS OR INDUSTRY: (Ice Cream Plant)
11. BIRTHPLACE (State or foreign country) Salisbury Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas W. Purcell
14. MOTHER'S MAIDEN NAME: Rebecca Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Dallas Waller (daughter) 408 Marshall St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — years
DUE TO (c) generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1952, to July 29, 1952, that I last saw the deceased alive on July 29, 1952, and that death occurred at 2.45 a.m. from the causes and on the date stated above.
SIGNATURE H. Matta (Degree or title) M.D.
ADDRESS Salisbury Md.
DATE SIGNED 7/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 31-52
NAME OF CEMETERY OR CREMATORY Parsons Cem.
LOCATION (City, town, or county) Salisbury Md. (State)
DATE REC'D BY LOCAL REGISTRAR 7-29-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. Walter R. Holloway
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1023 Allyn St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 1023 Allyn Street

3. NAME OF DECEASED (Type or Print) (First) FREDRICK (Middle) CHARLES (Last) RAU
4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 19 52
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8/2/1883
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book keeper
10b. KIND OF BUSINESS OR INDUSTRY Electrical store
11. BIRTHPLACE (State or foreign country) Pottsville, Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Fredrick Rau
14. MOTHER'S MAIDEN NAME No record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Katherine A. Rau (wife) 1023 Allyn St; Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE [signature] (Degree or title) Deputy Medical Exam.; ADDRESS 502 N. Division St. Salisbury, Maryland DATE SIGNED 7/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/26/52
NAME OF CEMETERY OR CREMATORY Parsons Cem.; Salisbury
LOCATION (City, town, or county) (State) Wicomico - Maryland

DATE REC'D BY LOCAL REG. 7-24-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. Walter R. Holloway
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 28 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 8 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Florence	(Middle) Louise	(Last) Rich	4. DATE OF DEATH	(Month) July	(Day) 22	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 15, 1878	9. AGE last birthday 73 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME George Merritt	14. MOTHER'S MAIDEN NAME Mary E. Seamons						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs Jean Knapp, Mardela, Maryland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemic Prisoning

593X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hyper Nephritis

(c) Arteriosclerosis & Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 7/23/52, 19....., and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	[illegible]	[illegible]	7/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7/24/52	NAME OF CEMETERY OR CREMATORY Siloam Cemetery	LOCATION (City, town, or county) Siloam, Maryland (State)
DATE REC'D BY LOCAL REG. 7-24-52	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR The Hill & Johnson Co. Salisbury, Md.	ADDRESS

George C Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3-52

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
LENGTH OF STAY (in this place) 5½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cherry Hill
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED: (Type or Print) (First) Joe (Middle) -- (Last) Roberts

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Roberts
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491X

Immediate cause (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Generale.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1952, to 7-24, 1952, that I last saw the deceased alive on 7-24, 1952, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE Robert J Gore (DEGREE OR TITLE) MD ADDRESS Deerhead State H DATE SIGNED 7-25-52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 7-30-52 NAME OF CEMETERY OR CREMATORY Maryland Anatomical Board LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. 7-29-52 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR George Rickards ADDRESS Salisbury Md.

VS-415 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1727 Ruxton Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) - (Last) Roche

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 24, 1862
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Roche
14. MOTHER'S MAIDEN NAME: Katherine Roche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosel. cardiovascular disease	10 y (?)
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Status post removal of gall bladder — 30 y (?)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/ 1952, to 7/25/ 1952, that I last saw the deceased alive on 7/25/ 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE J. V. Malden, (DEGREE OR TITLE) M.D. ADDRESS Dear's Head State Hosp. DATE SIGN'D 7/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 29-52
NAME OF CEMETERY OR CREMATORY Wilc. Mem. Park
LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 7-29-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED

BUREAU V. S.

17987

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. 415

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Private San.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 707 Gay St.

3. NAME OF DECEASED (Type or Print): (First) ALINE (Middle) VIRGINIA (Last) KUARK
4. DATE OF DEATH: (Month) July (Day) 9 (Year) 19 52

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Sept. 17, 1911 — 9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife — 10b. KIND OF BUSINESS OR INDUSTRY: Own Home — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur C. Adkins — 14. MOTHER'S MAIDEN NAME: Nettie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): U — (If year, give war or dates of service) ____ — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT AND ADDRESS: Mr. Elmer Kuark, 707 Gay St. Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinmatosis

170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma breast (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 19 52, to July 9, 19 52, that I last saw the deceased alive on July 9, 19 52, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE Philip A. Tuohy (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 7-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 7/11/52 — NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 7-11-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: The Hill & Johnson Co. Salisbury, Maryland

George C. Hill II

RECEIVED
JUL 14 1952
BUREAU V. S.

Or Unclay

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07988

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Salisbury Md. Route #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Salisbury
STREET ADDRESS (If rural give location) Route #3

3. NAME OF DECEASED: (Type or Print) (First) Isabella (Middle) — (Last) Ruark
4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept 6 1872
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House work
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Near Snow Hill Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Randall Smullen
14. MOTHER'S MAIDEN NAME: Addie Ruark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Mina A. Ruark (Son) Salisbury Md. Route #3

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) Acute cardiac failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocarditis (arteriosclerotic) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1952, to July, 1927, that I last saw the deceased alive on July 24, 1952, and that death occurred at 6:20 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Hugh A. Lusby Md. ADDRESS Salisbury Md. DATE SIGNED 7-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF July 30 1952
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-29-52
REGISTRAR'S SIGNATURE Mary Holloway va
24. FUNERAL DIRECTOR Holloway & Co Per. Dr. Austin Holloway
ADDRESS Salisbury Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forrestville
STREET ADDRESS (If rural, give location) 5300 Pumphrey Drive

3. NAME OF DECEASED: (Type or Print) (First) Maudie (Middle) Elizabeth (Last) Schofield

4. DATE OF DEATH: (Month) July (Day) 7th (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 24, 1892
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months — Days 0 IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Rickettes
14. MOTHER'S MAIDEN NAME: Emma Wills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: --

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Lobar pneumonia	10 days
490X Antecedent cause(s)	~~DUE~~ TO (b)	Arteriosclerotic cardiovascular disease	Indefinite.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	Arteriosel. general and cerebral	" — "

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 24, 1952, to July 7, 1952, that I last saw the deceased alive on July 7, 1952, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE Leonid V. Rubb (DEGREE OR TITLE) M.D. ADDRESS Deer's Head State Hospital DATE SIGNED 7/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7-10-52
NAME OF CEMETERY OR CREMATORY Wash. Nat'l Cem
LOCATION (City, town, or county) Prince Georges Co (State) Md

DATE REC'D BY LOCAL REG. 7-7-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517-11th St. SE. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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JUL 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (In this place) 1 mo 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jamie (Middle) Lee (Last) Sessions
4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 8-1952
9. AGE last birthday: 1 mo 6 days yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Salisbury, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Rubie Sessoms
14. MOTHER'S MAIDEN NAME: Sarah A. Dickerson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Rubie Sessoms, Snow Hill, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
762.5
Immediate cause (a) Atelectasis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity
DUE TO
(c)

Interval Between Onset And Death: 35 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8-, 1952, to 7/14-, 1952, that I last saw the deceased alive on 7/13, 1952, and that death occurred at 12.04 am from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Morgan M.D.
ADDRESS Salisbury Md
DATE SIGNED 7/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 16/52
NAME OF CEMETERY OR CREMATORY Taylor Gate
LOCATION (City, town, or county) Snow Hill Md (State) Rural #2
DATE REC'D BY LOCAL REGISTRAR 7-17-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay E. Timmins, Snow Hill, Md
ADDRESS

206 3723 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — LENGTH OF STAY (in this place): 1 yr. 9mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury
STREET ADDRESS (If rural, give location): Davis Street

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Rebecca (Last) Sharpley

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Mar. 30, 1867
9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry Callahan
14. MOTHER'S MAIDEN NAME: Elizabeth Pruitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

331X

DUE TO

Antecedent cause(s) (b) Arteriosclerosis general a. cerebral — sev. years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Old intertrochanteric fract. of rt. femur 3 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1952, to July 23, 1952, that I last saw the deceased alive on July 23, 1952, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

SIGNATURE: J. A. Malone, (DEGREE OR TITLE) M. D. (ADDRESS) Deer's Head State Hospital, DATE SIGNED 7/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7/25/52
NAME OF CEMETERY OR CREMATORY: Buckingham
LOCATION (City, town, or county): Berlin (State) Md

DATE REC'D BY LOCAL REG.: 7-25-52
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Anne A. Burbage — ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 8-51

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

Ab #23 Film 5445 2/24/22 FA

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural, give location) 215 S. Norris St.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) -- (Last) Sibley

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 30, 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clark Richardson

14. MOTHER'S MAIDEN NAME: Christine Worth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4 1

Immediate cause (a) Pneumonia right lower lobe — Interval between onset and death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arterio sel. cardio-vascular disease — Interval between onset and death: sev. years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema — 10 years?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1952, to 7/25, 1952, that I last saw the deceased alive on 7/25/52, 1952, and that death occurred at 1145 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

7/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 28, 1952

NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. July 26 1952 July 31, 1952

REGISTRAR'S SIGNATURE Mary Hullaway

24. FUNERAL DIRECTOR ADDRESS Henry T. Dill, Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15 8-51

COPY SENT TO LOCAL BOARD ... DATE 8-4-52

Film G150 Item 18 1-29-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharptown Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS San Domingo

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharptown - Rural
STREET ADDRESS (If rural give location) San Domingo

3. NAME OF DECEASED: (Type or Print) (First) Linsey (Middle) Maurice (Last) Smiley

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: August 14, 1931

9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Wicomico County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Smiley

14. MOTHER'S MAIDEN NAME: Blonie Hovington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-28-4602

17. INFORMANT & ADDRESS: Mrs. Frank M. Smiley, Hardela Springs, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Valvular Disease — Interval Between Onset And Death: 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) R. Rheumatic Fever, Inactive — 3 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to July 25, 1952, that I last saw the deceased alive on 7/25/52, 19 . . , and that death occurred at 4:50 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) H. S. Kuhlman M.D. ADDRESS Sharptown, Md DATE SIGNED 7/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 29, 1952

NAME OF CEMETERY OR CREMATORY San Domingo Cemetery

LOCATION (City, town, or county) (State) Near Sharptown, Md.

DATE REC'D BY LOCAL REGISTRAR July 29, 1952

REGISTRAR'S SIGNATURE Mary C. Owens

24. FUNERAL DIRECTOR J. J. Framptom and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS-A15

COPY SENT TO ~~LOCAL REGISTRAR~~ No. ditto DATE 7-30-52

RECEIVED
JUL 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

17994

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 506 Grace St.

3. NAME OF DECEASED: (Type or Print) (First) Hazel (Middle) Clark (Last) Somers
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1952

5. SEX: Fr.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 22 1902
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10b. KIND OF BUSINESS OR INDUSTRY: Shirt Factory
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Powell
14. MOTHER'S MAIDEN NAME: Geneva Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: N. Earl Somers (son) 111 Center St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Bronchopneumonia right lower lobe	7 days
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Syphilis, cerebrospinal	10 years!?
DUE TO			
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Multiple decubitus ulcers, 2nd & 3rd degrees sever. y!?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 25 1952 to July 18, 1952, that I last saw the deceased alive on July 18, 1952, and that death occurred at 5 P.M. m., from the causes and on the date stated above.

SIGNATURE L. V. Maldoe (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md. Deer's Head St. Hosp. DATE SIGNED 7/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 21-52
NAME OF CEMETERY OR CREMATORY Pearson Cem.
LOCATION (City, town, or county) Upper Fairmount Md. (State)

DATE REC'D BY LOCAL REG. 7-19-52
REGISTRAR'S SIGNATURE J. Mary W. Hollowray
24. FUNERAL DIRECTOR Hollowray & Co. Salisbury Md. Walter R. Hollowray
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) R.F.D. #3

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Hale (Last) Stevenson

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 5, 1949 50

9. AGE Last birthday: 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: Child

11. BIRTHPLACE (State or foreign country): Salisbury, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hale Stevenson

14. MOTHER'S MAIDEN NAME: Doris Cloak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT & ADDRESS: Mrs Doris Stevenson Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Peripheral Circulatory Collapse — Interval Between Onset And Death: 16 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Toxemia — 24 hrs.

DUE TO (c) Dysentery — 28 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1952 to 7/16, 1952, that I last saw the deceased alive on 7/16, 1952 and that death occurred at 10 35 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William C. Morgan M.D — Salisbury Md — 7/16/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-19-52 — NAME OF CEMETERY OR CREMATORY Evergreen — LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-16-52 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Peter Whaley Selbyville, Del.

RECEIVED
JUL 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7996

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15 8-51

1. PLACE OF DEATH:
COUNTY Prince Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 2 y
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3724 E. Lombard

3. NAME OF DECEASED: (First) James (Middle) Hilton (Last) Swope

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sngl.

8. DATE OF BIRTH: Nov. 7 1907

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Box factory

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Swope

14. MOTHER'S MAIDEN NAME: Barbara Ratschenmether

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospt. Dec.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 h.

331/X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Syndrome 14 y (?)

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 19 52, to July 22, 19 52, that I last saw the deceased alive on July 23, 19 52, and that death occurred at 10:50 P. m., from the causes and on the date stated above.

SIGNATURE J. N. Waldhe (DEGREE OR TITLE) M.D. ADDRESS Deer Head State Hosp. Salisbury Md. DATE SIGNED 7/25/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Buried — DATE THEREOF 7/26/52 — NAME OF CEMETERY OR ~~CREMATORY~~ Sacred Heart — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7-25-52 — REGISTRAR'S SIGNATURE A. M. Hedrick — **24. FUNERAL DIRECTOR** Wm. Cook, Inc. — ADDRESS 1217 N. Paul St

07997

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 900 East Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 900 East Road

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) (Last) Teagle
4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1952
5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 1/17/88
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): East New Market Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Algie James Conaway
14. MOTHER'S MAIDEN NAME: Sarah M. Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Beatrice Whittington — 900 E.Road Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary hemorrhage (probably from) — 1/2 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ruptured aortic aneurysm — or less
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: L.A.Rademaker
(Degree or title) ADDRESS: L.A.Rademaker, M. D. — Deputy Medical Examiner — 502 No. Division Street Salisbury, Maryland
DATE SIGNED: 7/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 7/15/52
NAME OF CEMETERY OR CREMATORY: East New Market Cemetery
LOCATION (City, town, or county) (State): East New Market, Dorch. Co., Md.

DATE REC'D BY LOCAL REG.: 7-17-52
REGISTRAR'S SIGNATURE: Mary M. Holloway
24. FUNERAL DIRECTOR ADDRESS: STEWART FUNERAL HOME
Mary M. Stewart Salisbury, Md.

RECEIVED
JUL 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1F

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location) Beckford Ave

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Testerman

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Jan 4, 1879

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Truck Farmer

11. BIRTHPLACE (State or foreign country): Tyler Ford Tennessee

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Capt. William P. Testerman

14. MOTHER'S MAIDEN NAME: Jane Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: W. P. Testerman Jr Princess Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Myocardial Insufficiency
DUE TO (b) Coronary Artery Heart Disease
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)

Interval Between Onset And Death: 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~July~~ night, 19 1952 to July 10, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 5:25 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jas. L. Dunman Jr M.D. Salisbury Md July 10, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/12/52 — NAME OF CEMETERY OR CREMATORY: Fred Testerman Cemetery — LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR: 7-11-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: James L. Dunman per Chas. Lamington — ADDRESS: Pr. Anne Md.

RECEIVED
JUL 14 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
LENGTH OF STAY (in this place) 2 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY ~~Somerset~~ Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Berlin~~ ~~Salisbury~~, Berlin,
STREET ADDRESS (If rural, give location) Pitts Str.

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) N. (Last) Walsh
4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): wid.
8. DATE OF BIRTH: 8/7/1880
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): invalid
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Modestown Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thirrus Nelson
14. MOTHER'S MAIDEN NAME: Marcia Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: -
17. INFORMANT & ADDRESS: Hosp. Rec.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Arteriosclerotic cardiovascular

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

~~DUE TO~~ (b) disease c̄ aortic stenosis — Sev. years.

~~DUE TO~~ (c) Narrowing of coronary art. due to arteriosclerosis — 2 years (?)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obesity — 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6/, 1952, to 7/29/, 1952, that I last saw the deceased alive on 7/29/, 1952, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

SIGNATURE J. J. Walshe, (DEGREE OR TITLE) M.D. ADDRESS Deer's Head State Hospital Salisbury DATE SIGNED 7/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8/1/52
NAME OF CEMETERY OR CREMATORY Liberty Cemetery
LOCATION (City, town, or county) Parksley (State) Va
DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Robert Shreeves by J. Richard Johnson ADDRESS Parksley, Va

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
AUG 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8 1000

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) Ann (Last) Warren

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: JUNE 3, 1936
9. AGE last birthday: 16 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Berlin Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John R. Warren
14. MOTHER'S MAIDEN NAME: Ethel Evans.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Ethel Evans Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subacute Bacterial Endocarditis — Interval Between Onset And Death: 2 months

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Rheumatic Heart disease — Known 5 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1952, to 7/12, 1952, that I last saw the deceased alive on 7-12, 1952 and that death occurred at 3:00 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) David J. Gehrke M.D. ADDRESS Salisbury Md DATE SIGNED July 12 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/14/52
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-15-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 T

RECEIVED
JUL 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico — LENGTH OF STAY (in this place): 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Quantico

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Victoria (Middle) Pinkett (Last) White

4. DATE OF DEATH: (Month) 7 — (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: About 1873

9. AGE last birthday: About 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Quantico, Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Price

14. MOTHER'S MAIDEN NAME: Margaret Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: George E. Price, Quantico, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10th, 1952, to July 21st, 1952, that I last saw the deceased alive on July 21st, 1952, and that death occurred at 9.30 A. m., from the causes and on the date stated above.

SIGNATURE: William Emrich (Degree or title) MID. — ADDRESS: Helen-730 — DATE SIGNED: July 23 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7-27-'52 — NAME OF CEMETERY OR CREMATORY: Quantico Cemetery — LOCATION (City, town, or county) (State): Quantico, Wicomico Co. Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: STEWART FUNERAL HOME — ADDRESS: 402 E. Church St.

Mary A. Stewart - Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[redacted]: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown.
STREET ADDRESS (If rural, give location) 940 Oak Hill Ave.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Brewer. (Last) Witmer.

4. DATE OF DEATH: (Month) July. (Day) 6 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 7-12-'77

9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Fellow

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter A. Witmer.

14. MOTHER'S MAIDEN NAME: Mary K. Brewer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Frank S. Leiter Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (stating underlying cause last)

(b) Arteriosclerosis C-V-D

DUE TO

(c) ~~Arteriosclerosis, Cerebral~~,

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Tabes Paralysis.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9, 1951, to 7-6, 1952, that I last saw the deceased alive on 7-5, 1952 and that death occurred at 1.05 A.M., from the causes and on the date stated above.

SIGNATURE Rose (DEGREE OR TITLE) MD ADDRESS Peninsula Hosp DATE SIGNED 7-7-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF July 9-52 NAME OF CEMETERY OR CREMATORY Rose Hill Cem. LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. 7-6-52 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR C.M. Leiter & Son ADDRESS Hagerstown Md.

VS-15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 8 19
BUREAU V. S.

08013

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Baltimore — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Ben Hoyt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bayside Long Island.
STREET ADDRESS (If rural, give location) 4004-289 22 street.

3. NAME OF DECEASED: (First) Julia (Middle) — (Last) Wright
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: July 8-1902
9. AGE Last Birthday: 50 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Librarian
10b. KIND OF BUSINESS OR INDUSTRY: Retired (Branford)
11. BIRTHPLACE (State or foreign country): Hillside N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wallis Wright
14. MOTHER'S MAIDEN NAME: Julia Farrell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.). (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. W. J. Wright (Brother) Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: One minute
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Chronic rheumatic carditis - acute exacerbation — 3 mos
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10 1952 to July 18, 1952, that I last saw the deceased alive on July 18, 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Alberta Malcarney Mallux M.D. 238 Camden 7/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July 22-52 — NAME OF CEMETERY OR CREMATORY Fairmount Cem. — LOCATION (City, town, or county) Newark N.J. (State)
DATE REC'D BY LOCAL REG. 7-19-52 — REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Walter R. Holloway — ADDRESS Baltimore Md.

RECEIVED
JUL 22 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 18004

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rt #1, Quantico
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt #1 Quantico Md (Pittsville)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) JANE (Last) Wright

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug 11, 1881

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Pittsville Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Robinson

14. MOTHER'S MAIDEN NAME: Mary Luenda Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Willis C. Wright Rt #1 Quantico Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16th, 1952, to July 21st, 1952, that I last saw the deceased alive on July 21st, 1952, and that death occurred at 1.30 P.M. from the causes and on the date stated above.

SIGNATURE William Emrich (DEGREE OR TITLE) M.D ADDRESS Helen Md DATE SIGNED July 22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF [redacted] 1952 — NAME OF CEMETERY OR CREMATORY Odd Fellow Cemetery — LOCATION (City, town, or county) (State) Pittsville Md

DATE REC'D BY LOCAL REG. 7-24-52 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Levin R. Wilson — ADDRESS Princess Anne, Md.

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08005

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury W
LENGTH OF STAY (in this place) 3½ mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deerhead State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 932 Ridgely St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) W (Last) Wentzbocker.

4. DATE OF DEATH: (Month) 7 (Day) 20 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	?	?	? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
?	none	Maryland.	U.S.

13. FATHER'S NAME: Charles Wentzbocker.

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	None	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490X
Immediate cause (a) Lobar Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH 72 hrs.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Cerebral & General.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from 7-1, 1952, to 7-20, 1952 that I last saw the deceased alive on 7-20, 1952 and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE Robert Hore (DEGREE OR TITLE) MD ADDRESS Deerhead Hosp DATE SIGNED 7-20-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-23-52	Western	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-21-52	Mary W. Holloway	Neal J. Schmitt	Hampstead Md

RECEIVED
JUL 23 1952
BUREAU V. S.